

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**41304**  
Lobbyist's Registration Number**Instructions**

- 1. Print in ink or type.
- 2. Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Brown Building LA 70008, (225) 763-8777 or (800) 842-6730. No fee is required.
- 3. This form must be submitted within 5 days of any changes in your registration form, to add employees or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME CASALS PETER G.2. BUSINESS PHONE (512) 472-1194

#150

3. BUSINESS ADDRESS 1016 La Posada Dr. AUSTIN TX 78752

Street and No.

City

State

Zip

MAILING ADDRESS SAME

Street and No.

City

State

Zip

4. EMPLOYER LUMBERMEN'S ASSOCIATION OF TEXAS & LOUISIANA

#150

5. EMPLOYER'S ADDRESS 1016 La Posada Dr. AUSTIN TX 78752

Street and No.

City

State

Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes        No ✓

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

 New Representation  
Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_

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2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

 New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

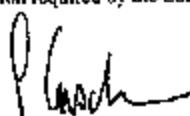
 New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

 Terminated Representation as of \_\_\_\_\_**CERTIFICATION OF ACCURACY**

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist